LOCAL COMMON SCHOLARSHIP APPLICATION

Organization				
Applicant's Name				
	Last	First		Middle
Sex: MF				
			Day	
Home Phone			-	
Mailing Address				
Applicant's E-mail				
Name of college yo	u are planning to	attend		
Have you been acce	epted by the colleg	ge of your choice?	Yes N	No
Proposed major fiel	d of study			
Reason for choosing	g this college			
While attending col Home On car What do you plan to	npus Off-ca	ampus not at home_	Gre	eek Housing
What did you do las	st summer (work,	travel, etc.)?		
Describe any financ	ial aid you have a	already been granted	d	
What are five adjec		se to describe your		

ACTIVITIES CHART

Club Memberships and Leadership Positions Held

Grade	Activity Title	From-To Date	Hours Per Week	Total Hours	Responsibility/Accomplishments

School Sports and Team/Group Activities

Grade	Activity Title	From-To Date	Hours Per Week	Total Hours	Responsibility/Accomplishments

Volunteer Work & Community Activities

(List work or jobs you were not required to do and were not paid to do.)

Grade	Activity Title	From-To	Hours	Total	Responsibility/Accomplishments
		Date	Per	Hours	
			Week		

Work Experience

(List work/jobs you were required or paid to do. Include company/organization name and time involved.)

Grade	Position Title	From-To Date	Hours Per Week	Total Hours	Responsibility/Accomplishments

RECOGNITIONS: (250-400 word essay) PERSONAL CHARACTER AND TALENTS: (What are your strong points?) (250-400 word essay)

DESCRIBE YOUR PERSONAL ACCOMPLISHMENTS AND/OR HONORS, AWARDS AND

CAREER AND PERSONAL LIFE GOALS.

What are your specific education from now)? (250-400 word essay)	plans and career goals	now and in the future (five to ten years
FAMILY INFORMATION: (If you have a stepparent or guardian, p	lease indicate and give infor	mation requested.)
Parent/Guardian		Telephone number
Home address		_ E-mail
Parent/Guardian		Telephone number
Home address		_ E-mail
Occupation or position	Employer _	
If parents are separated or either one	e is deceased, indicate he	ere:

<u>SIBLINGS</u>			
Name	Age	Name of school or place of employment	Dependent on family? (Yes or No)
OTHER PERSONS D	EPENDENT (ON THE FAMILY	
Name	Age	Name of school or place of employment	Dependent on family? (Yes or No)
Other pertinent family i	information:		
I HEREBY CERT	IFY THAT:		
1. I plan to be	a full-time stud	lent as established by the colleg	e or school.
sheet of any		rm the scholarship organization inges in the information I have s 1.	
	ation contained to the best of n	in the application is my own wony knowledge.	ork and is true
Sign	ature of Applican	t	Date
*****	*****	********	*****
		by certify that the information is the student's own work.	is correct and is submitted
Signatur	re of Parent/Guar	dian	Date

ATTACH A CURRENT TRANSCRIPT

FINANCIAL INFORMATION

First-Year Budget

ESTIMATED INCOME –	1 ST YEAR		ATED EXPENS eb pages usually have	SE – 1 ST YEAR this information)
Student's current savings	\$	Tuit	tion & Fees	\$
Student's earnings for the coming summer	\$		om & Board t/food)	\$
Student's estimated earnings during 1st yr of college	\$	Boo	sks & Supplies	\$
Parent's contribution for the 1 st year	\$	Livi	ing Expenses	\$
Financial assistance Offered by the college	\$		er Expenses vide details)	\$
Grants & Scholarships (From other sources)	\$			
Other expected income (Provide details)	\$			
A. Total Expected Income For the 1 st year	\$		Total Estimated For the 1 st year	Expenses \$
C. Addition	nal income ne	eded (B - A = C)	\$	
EFC (Expected Family Cor	itribution) fr	om FAFSA/ORSAA	·	
If you are planning to take lo provider (e.g. US Departmen				of the loan
Describe any financial aid, g	rants and/or so	cholarships you have	already been gra	unted

RETURN APPLICATION BY DEADLINE LISTED ON SCHOLARSHIP LATE APPLICATIONS WILL NOT BE CONSIDERED

Scholarship recipients represent McMinnville High School and our positive relationship with local donors. All scholarship recipients are expected to write a thank you letter to the donor of the scholarship(s) they are awarded.

I understand and agree that if selected for an award I will write a thank you note/letter to the donor of the scholarship that I receive.

Applicant's Name (printed)	
Applicant's signature	Date

Separate this <u>back page</u> and turn in to Mrs. Ring in the Counseling Center when you submit your application.

You only need to provide one copy of this form, if you are applying for multiple local scholarships.